HOW TO FILE A REHABILITATION APPEAL

This form should be completed when you disagree with the Determination and Order (D&O) of the Rehabilitation Unit.

Please note, this form must be mailed to the Workers' Compensation Appeals Board (WCAB) within twenty (20) days after service by the Rehabilitation Unit. The service date will be found on the lower left hand corner of the D & O.

Complete the form. Follow the attached sample(s). Explain in your own words why you disagree with the Rehabilitation Unit's D&O. Sign and date the form. Complete the Declaration of Readiness and the Proof of Service forms. See attached. You should also attach a copy of the D&O of the Rehabilitation Unit.

Send the originals to the WCAB with copies to the insurance company and Rehabilitation Unit.

If you have no WCAB case, you will also need to file an Application for Adjudication (refer to I&A Guide 10), which opens a WCAB case for you.

Keep a copy for your records.

If you need help you may call an Information and Assistance Office. The local phone numbers are listed on the back of this page.

The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations which are different than presented here.

WORKERS' COMPENSATION APPEALS BOARD DISTRICT OFFICES

1661 N. Raymond Avenue Ste. 200 (714) 738-4038 1880 North Main Street, 1st Floor Information & Assistance Unit (408) 443-3058 Information & Assistance Unit BAKERSFIELD, 93309 1800 30th Street, Rm.100 Information & Assistance Unit (661) 395-2514 SAN BERNARDINO, 92401-1888 464 West Third Street, Ste. 239 Information & Assistance Unit (909) 383-4522 Information & Assistance Unit EUREKA, 95501-0421 100 "H* Street, Rm. 2011 Information & Assistance Unit (707) 441-5723 Information & Assistance Unit (619) 525-4589 Information & Assistance Unit (619) 525-4589 Information & Assistance Unit FRESNO, 93721-2280 2550 Manposa Street, Rm. 4078 Information & Assistance Unit (559) 445-5355 SAN FRANCISCO (DISTRICT OFFICE), 94102 455 Golden Gate Ave., 2nd Floor Information & Assistance Unit (415) 703-5020 Information & Assistance Unit GOLETA, 93117 6755 Hollister Avenue Information & Assistance Unit (805) 968-4158 100 Paseo de San Antonio, Rm. 223 Information & Assistance Unit (408) 277-1292 Information & Assistance Unit GROVER BEACH, 93433-2261 1562 Grand Avenue Information & Assistance Unit (805) 481-3296 SANTA ANA, 92701-4080 22 Cviv. Center Plaza, Ste. 451 Information & Assistance Unit (714) 558-4597 Information & Assistance Unit (707) 576-2452 Infor	ANAHEIM, 92801		SALINAS, 93906	
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SACRAMENTO, 95825				
2424 Arden Way, Ste. 230 (916) 263-2741 Information & Assistance Unit		(916) 263-2741		

NAME STREET CITY, STATE, ZIP CODE

Sample

TELEPHONE #:

STATE OF CALIFORNIA WORKERS' COMPENSATION APPEALS BOARD

your name

Applicant,

VS.

your employer and insusrance company

Defendants.

WCAB#: REHABILIATION UNIT FILE #:.

APPEAL FROM DETERMINATION
AND ORDER OF THE
REHABILIATION UNIT

Explain in your own words why you disagree with the decision.

your signature

Applicant

date mailed

Date

NAME	
STREET	
CITY, STATE	, ZIP CODE

TELEPHONE #:

STATE OF CALIFORNIA WORKERS' COMPENSATION APPEALS BOARD

VS.	Applicant, Defendants.	WCAB#: REHABILIATION UNIT FILE #:. APPEAL FROM DETERMINATION AND ORDER OF THE REHABILIATION UNIT
Applicant, Date		

Sample

Proof Of Service By Mail

I declare that:				
I am (resident of/employed in) the county of				
over the age of eighteen years, my (business/residence) address is:				
Put your home address here.				
On <u>today's date</u> , I served the attached <u>Rehab Appeal</u> on the				
insurance company in said case, by placing a true copy thereof enclosed in a				
sealed envelope with postage thereon fully paid, in the United State mail at				
city where you mailed this addressed as followsname and				
address of insurance company				
I declare under penalty of perjury under the laws of the State of California that the				
foregoing is true and correct, and that this declaration was executed on				
(date) today's date , at city California.				
Type or print name <u>print your name</u>				
Signature <u>Sign your name</u>				

Proof Of Service By Mail

I declare that:					
I am (resident of/employed in) the county of California. I ar					
over the age o	of eighteen years, my (business/ <u>residence</u>)	address is:			
On	, I served the attached	on the			
	in said case, by placing a true cop	y thereof enclosed in a			
sealed envelo	ppe with postage thereon fully paid, in the	e United State mail at			
	addressed	as follows			
I declare und	er penalty of perjury under the laws of the	e State of California that the			
foregoing is t	rue and correct, and that this declaration v	was executed on			
(date)	, at	California.			
Type or pri	nt name				
Signature _					